

# Caregiver Assessment

This questionnaire, and any information you provide is intended to help us identify the type of help which would be most useful to you as at this point in time. Please answer the questions as they apply to you generally at the moment – we know that things change over time and fluctuate from day to day.

## Caregiver Name:

I am disabled or ill ☐ Yes

☐ No

I am the paid caregiver ☐ Yes

☐ No

## My other commitments:

☐ I am working full time

☐ I am working part time

☐ I care for children

☐ I am studying full time

☐ I am studying part time

☐ Support/care for other people who are disabled/ill

## About the Support You Provide:

### 1. The Care/support I provide includes:

☐ Physical care (e.g., help to wash, dress, use toilet)

☐ Financial management

☐ Practical help (e.g., cooking, cleaning, shopping)

☐ Emotional support

☐ Generally keeping an eye on them (e.g., checking on safety and well-being)

☐ Other

### 2. To provide this care means that I am involved:

☐ All the time

☐ Several times a day

☐ Several times a week

☐ Once a day

☐ Once a week or less

## How Caring Affects You:

### 3. I find caring gives me:

☐ A great deal of satisfaction

☐ Some satisfaction

☐ No satisfaction

### 4. I find caring creates:

☐ No major difficulties

☐ Some difficulty

☐ Major difficulties

### 5. At the moment I feel that:

☐ I am able to cope with most/all aspects of caring

☐ I am not coping as well as I would like to

☐ It can be up and down from day to day

☐ I cannot carry on as things are

### 6. The biggest difficulties I have right now are related to:

☐ Physical/practical aspects of caring

☐ My health

☐ Emotional stress

☐ Not getting enough sleep

☐ My personal safety

☐ Finances

☐ Other

### 7. I find that caring is having an effect on:

☐ My social life and interests

☐ My relationships with others

- ☐ My work/studies
- ☐ My other commitments

- ☐ My relationship with the person I care for
- ☐ My own health